

**TITLE 9. HEALTH SERVICES**  
**CHAPTER 6. DEPARTMENT OF HEALTH SERVICES**  
**COMMUNICABLE DISEASES AND INFESTATIONS**  
**ARTICLE 4. AIDS DRUG ASSISTANCE PROGRAM (ADAP)**

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**ARTICLE 4. AIDS DRUG ASSISTANCE PROGRAM (ADAP)**

**R9-6-401. Definitions**

In this Article, unless otherwise specified:

1. “ADAP” means the AIDS Drug Assistance Program.
2. “Adult” means an individual who is:
  - a. Eighteen or more years old;
  - b. Married; or
  - c. Emancipated, as specified in A.R.S. Title 12, Chapter 15.
3. “Advocacy” means the act of encouraging adoption of or arguing in favor of something, such as a policy that would help an HIV-infected individual.
- ~~2.~~ 4. “AHCCCS” means the Arizona Health Care Cost Containment System.
5. “Annual family income” means the combined yearly gross earned income and unearned income of all adult individuals within a family unit.
- ~~3.~~ 6. “Applicant” means an individual who submits an application for ADAP to the Department for whom a request for initial enrollment in ADAP is submitted to the Department, as specified in R9-6-404.
7. “Applying for a low-income subsidy” means submitting forms and supporting documentation to the Social Security Administration for determining eligibility for receiving a low-income subsidy.
8. “Biological substance” means a compound made by or derived from a plant or animal source.
9. “Business day” means any day of the week other than a Saturday, Sunday, legal holiday, or day on which the Department is authorized or obligated by law or executive order to close.
10. “Calendar day” means any day of the week, including a Saturday or a Sunday.
11. “Case management services” means the activities performed by a case manager for an HIV-infected individual or the individuals in the HIV-infected individual’s family unit.
12. “Case manager” means an individual who:
  - a. Assesses the needs of an HIV-infected individual for health services, housing, support services, and financial assistance;
  - b. Assists the HIV-infected individual with obtaining health services, housing, support services, or financial assistance, as applicable;
  - c. Coordinates the interaction of the HIV-infected individual with service providers; and

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- d. Monitors the interaction of the HIV-infected individual with service providers to:
  - i. Determine the effects of each service provider's activities on the needs of the HIV-infected individual; and
  - ii. Develop strategies to reduce unmet needs.
- 13. "CD4-T-lymphocyte count" means the number of a specific type of white blood cell in a cubic millimeter of blood.
- 14. "Community service organization" means a nonprofit entity that assists an individual infected with HIV or affected by another individual's infection with HIV by providing or coordinating the interaction of the individual with service providers to obtain or retain:
  - a. Rehabilitation services.
  - b. Case management services.
  - c. Support services.
  - d. Advocacy.
  - e. Financial assistance, or
  - f. Housing.
- 15. "Confirmatory test" means a laboratory analysis, such as a Western blot analysis, approved by the U.S. Food and Drug Administration to be used after a screening test to diagnose or monitor the progression of HIV infection.
- 16. "Current" means within the previous six months.
- 17. "Date of application" means the month, day, and year that an individual submits the documents specified in R9-6-404 to the Department as an application for initial enrollment in ADAP.
- 4. 18. "Diagnosis" means an identification of a communicable disease by an individual authorized by law to make the identification.
- 5. 19. "Drug" means a chemical or biological substance determined by the United States U.S. Food and Drug Administration to be useful in the treatment of individuals with HIV infection and available only through a prescription order.
- 6. 20. "Earned income" means monetary payments received by an individual as a result of work performed or rental of property owned or leased by the individual, including:
  - a. Wages;
  - b. Commissions and fees;
  - c. Salaries and tips;
  - d. Profit from self-employment;
  - e. Profit from rent received from a tenant or boarder; and

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- f. Any other monetary payments received by an individual for work performed or rental of property.
- 21. “Employed” means working for a person for money in the form of wages or a salary.
- 22. “Enrolling in a Medicare drug plan” means submitting information to the Centers for Medicare and Medicaid Services during an initial enrollment period or general enrollment period and selecting a Medicare drug plan.
- ~~7. “Family income” means the combined gross earned income and unearned income of all individuals within the family unit.~~
- ~~8.~~ 23. “Family unit” means:
  - a. A group of individuals residing together who are related by birth, marriage, or adoption; or
  - ~~b. An individual who does not reside with any individual to whom the individual is related by birth, marriage, or adoption.~~
  - b. An individual who:
    - i. Does not reside with another individual; or
    - ii Resides only with another individual or group of individuals to whom the individual is unrelated by birth, marriage, or adoption.
- 24. “Formulary” means a list of drugs that are available to an individual through the individual’s health insurance or ADAP.
- 25. “General enrollment period” means the interval of time between November 15 and December 31 of each calendar year during which an individual:
  - a. May enroll in a Medicare drug plan if the individual, before May 15, 2006:
    - i. Was enrolled in Medicare,
    - ii. Was eligible to enroll in a Medicare drug plan, and
    - iii. Did not enroll in a Medicare drug plan; or
  - b. Currently enrolled in a Medicare drug plan may select a different Medicare drug plan.
- 26. “Gift” means something given voluntarily by an individual to another individual without payment in return.
- 27. “Guardian” means an individual appointed as a legal guardian by a court of competent jurisdiction.
- 28. “Health-related services” means the same as in A.R.S. § 36-401.
- 29. “Health services” means medical services, nursing services, or health-related services provided to an individual.

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30. “HIV infection” means the same as in A.R.S. § 36-661.
31. “Homeless” means having a primary nighttime sleeping place that is not designed for or ordinarily used as a regular sleeping accommodation for human beings.
32. “Initial enrollment period” means the interval of time during which an individual may first enroll in a Medicare drug plan.
33. “Job” means a position in which an individual is employed.
34. “Low-income subsidy” means Medicare-provided assistance that may partially or fully cover the costs of drugs and is based on the income of an individual and, if applicable, the individual’s spouse.
35. “Medical services” means the same as in A.R.S. § 36-401.
36. “Medicare” means a federal health insurance program established under Title XVIII of the Social Security Act.
37. “Medicare drug plan” means insurance approved by Medicare to cover some of the costs of drugs for individuals enrolled in Medicare.
38. “Non-permanent housing” means a living situation in which an individual is:  
a. Homeless, or  
b. Living in a shelter or other temporary living arrangement.
39. “Nursing services” means the same as in A.R.S. § 36-401.
- ~~9. “Outpatient” means in an ambulatory setting.~~
40. “Physician” means an individual licensed as a doctor of allopathic medicine under A.R.S. Title 32, Chapter 13, or as a doctor of osteopathic medicine under A.R.S. Title 32, Chapter 17.
41. “Physician assistant” means an individual licensed under A.R.S. Title 32, Chapter 25.
- ~~40.~~ 42. “Poverty level” means the annual family income for a family unit of a particular size, as specified included in the poverty guidelines updated annually in the Federal Register by the United States U.S. Department of Health and Human Services.
43. “Prescription order” means the same as in A.R.S. § 32-1901.
- ~~44.~~ 44. “Primary care provider” means a the physician, registered nurse practitioner, or physician assistant who is treating an applicant or enrolled individual for HIV disease or HIV infection.
45. “Provisional enrollment” means an interval of time, determined by the Department, during which an individual who meets the eligibility criteria specified in R9-6-403 (1) through (4) may receive drugs on the ADAP formulary through the vendor pharmacy while the individual is waiting for:

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- a. An eligibility determination for AHCCCS enrollment or a low-income subsidy;  
or
- b. Enrollment in a Medicare drug plan.
- ~~42.~~ 46. “Public assistance” means a government program that provides benefits to individuals a monetary payment, or supplies goods or services that have a monetary value, based on need, such as Aid to Families with Dependent Children, SSI Supplemental Security Income, Temporary Aid to Needy Families, Food Stamps, or non-federally funded general assistance General Assistance.
- 47. “Registered nurse practitioner” means an individual who meets the definition of registered nurse practitioner in A.R.S. § 32-1601 and is licensed under A.R.S. Title 32, Chapter 15.
- 48. “Regular” means recurring at fixed intervals.
- 49. “Rehabilitation services” means the same as in A.A.C. R9-10-201.
- 50. “Representative” means the:
  - a. Guardian of an individual,
  - b. Parent of an individual who is not an adult, or
  - c. Person designated as an agent for an individual through a power of attorney, as specified in A.R.S. Title 14, Chapter 5, Article 5.
- 51. “Reservist” means a member of the Reserves of the U.S. Army, Air Force, Navy, Marine Corps, or Coast Guard.
- ~~43.~~ 52. “Resident” means an individual who has a place of habitation in Arizona and lives in Arizona as other than a tourist.
- 53. “Restricted drug” means a drug on the ADAP formulary that is approved on a case-by-case basis for enrolled individuals who meet medical indications for the use of the drug.
- 54. “Screening test” means a laboratory analysis approved by the U.S. Food and Drug Administration as an initial test to indicate the possibility that an individual is HIV infected.
- 55. “Self-employed” means receiving money as a direct result of the work performed by an individual rather than from wages or a salary paid to the individual.
- 56. “Service provider” means an individual who provides medical services, nursing services, health-related services, or support services for an HIV-infected individual.
- 57. “Shelter” means a facility that provides individuals with a temporary place to sleep at night with the expectation that the individual will go elsewhere during the day.

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14. ~~“SSI” means Supplemental Security Income, a program of the Social Security Administration.~~
58. “Support services” means activities, not related to the treatment of HIV infection, intended to maintain or improve the physical, mental, or psychosocial capabilities of an HIV-infected individual or the individual’s family unit and that may include:
- a. Providing opportunities for social interactions for HIV-infected individuals to reduce loneliness and isolation;
  - b. Taking care of a child of an HIV-infected individual while the HIV-infected individual receives medical services;
  - c. Providing food or meals to an HIV-infected individual in the HIV-infected individual’s residence; or
  - d. Providing information about available support services or materials about how to reduce the risk of spreading HIV.
59. “Temporary” means transient, with no expectation of permanence.
60. “Third-party payor” means a person other than an HIV-infected individual, such as health insurance or an employer, that is responsible for paying a portion of the costs of drugs for the HIV-infected individual.
61. “Tourist” means an individual who is living in Arizona but maintains a place of habitation outside of Arizona and lives outside of Arizona for more than six months during a calendar year.
62. “Treatment” means the administration to an individual of health services intended to relieve illness or injury.
15. 63. “Unearned income” means ~~non-gift~~ monetary payments received by an individual that are unrelated to work performed or rental of property owned or leased by the individual, including:
- a. Unemployment insurance;
  - b. Workers’ compensation;
  - c. Disability payments;
  - d. ~~Social security payments~~ Payments from the Social Security Administration;
  - e. ~~Public assistance payments~~ Payments from public assistance;
  - f. Periodic insurance or annuity payments;
  - g. Retirement or pension payments;
  - h. Strike benefits from union funds;
  - i. Training stipends;

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- j. Child support payments;
  - k. Alimony payments;
  - l. Military family allotments;
  - m. ~~Regular or other regular~~ support payments from a relative or other individual not residing in the household;
  - ~~m-n.~~ Investment income;
  - ~~n-o.~~ Royalty payments;
  - ~~o-p.~~ Periodic payments from estates or trusts; and
  - ~~p.~~ ~~Any other non-gift monetary payments received by an individual that are unrelated to work performed by the individual and that are not capital gains, lump-sum inheritance or insurance payments, or payments made to compensate for personal injury.~~
  - q. Any other monetary payments received by an individual that are not:
    - i. Related to work performed by the individual,
    - ii Gifts,
    - iii. Capital gains payments,
    - iv. Lump-sum inheritance payments,
    - v. Insurance payments, or
    - vi. Payments made to compensate for personal injury.
64. “Vendor pharmacy” means an entity contracted with the Department to perform the activities specified in R9-6-409(C).
65. “Viral load test” means a laboratory analysis to determine the amount of HIV circulating in the body of an individual.

### **R9-6-403. Eligibility Requirements**

- ~~A.~~ ~~An individual is eligible to participate in ADAP if the individual:~~
- 1. ~~Applies for enrollment in AHCCCS and possesses one of the following:~~
    - a. ~~A letter from AHCCCS stating that an application for eligibility is pending, or~~
    - b. ~~A letter from AHCCCS denying eligibility;~~
  - 2. ~~Has no or inadequate health insurance to cover the cost of the drugs that are or may become available from ADAP on an outpatient basis or is an American Indian or Alaska Native who is eligible for but chooses not to use Indian Health Services;~~
  - 3. ~~Has annual family income that is less than or equal to 300% of the poverty level;~~
  - 4. ~~Is ineligible for Veterans' Administration benefits;~~
  - 5. ~~Has a medical diagnosis of HIV disease or HIV infection; and~~



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6. ~~Is a resident of Arizona.~~

**B.** ~~For purposes of ADAP application, an individual may report annual family income using actual family income for the most recent 12 months or estimated annual family income determined by multiplying the current monthly family income by 12.~~

An individual is eligible to enroll in ADAP if the individual:

1. Has a diagnosis of HIV infection from a physician, registered nurse practitioner, or physician assistant;
2. Is a resident of Arizona, as established by documentation that complies with R9-6-404(A)(9);
3. Has an annual family income that is less than or equal to 300% of the poverty level;
4. Satisfies one of the following:
  - a. Has no health insurance coverage;
  - b. Has health insurance coverage that:
    - i. Does not cover drugs; or
    - ii. Does not include on its formulary at least one of the drugs prescribed for the individual that are on the ADAP formulary;
  - c. Is an American Indian or Alaska Native who:
    - i. Is eligible for, but chooses not to use, the Indian Health Service to receive drugs; and
    - ii. Either has no other health insurance coverage or has health insurance coverage that:
      - (1) Does not cover drugs; or
      - (2) Does not include on its formulary at least one of the drugs prescribed for the individual that are on the ADAP formulary; or
  - d. Is a veteran who:
    - i. Is eligible for, but chooses not to use, Veterans Health Administration benefits to receive drugs; and
    - ii. Either has no other health insurance coverage or has health insurance coverage that:
      - (1) Does not cover drugs; or
      - (2) Does not include on its formulary at least one of the drugs prescribed for the individual that are on the ADAP formulary;
5. Is ineligible for enrollment in AHCCCS, as established by documentation issued by AHCCCS; and

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6. If eligible for Medicare:
  - a. Is ineligible for a full low-income subsidy, as established by documentation issued by the Social Security Administration; and
  - b. Has enrolled in a Medicare drug plan.

### **R9-6-404. Initial Application Process**

~~An applicant shall submit to the Department the following documents:~~

- ~~1. An application completed by the applicant, on a form provided by the Department, including the following:~~
  - ~~a. The applicant's name, date of birth, and sex;~~
  - ~~b. The applicant's address;~~
  - ~~c. The applicant's telephone number;~~
  - ~~d. The number of individuals in the applicant's family unit;~~
  - ~~e. The applicant's annual family income;~~
  - ~~f. The applicant's social security number;~~
  - ~~g. The applicant's residency;~~
  - ~~h. The applicant's race and ethnicity;~~
  - ~~i. The applicant's employment status;~~
  - ~~j. Whether the applicant is receiving benefits from SSI or AHCCCS;~~
  - ~~k. Whether the applicant is eligible to receive benefits from the Veterans' Administration;~~
  - ~~l. Whether the applicant has health insurance that would pay for drugs and, if so, to what extent;~~
  - ~~m. The applicant's scheduled AHCCCS eligibility appointment date, if any;~~
  - ~~n. A statement by the applicant or the parent or guardian of a minor applicant that:~~
    - ~~i. The information on the form is accurate and complete;~~
    - ~~ii. The applicant does not have health insurance coverage for the requested drugs or is an American Indian or Alaska Native who is eligible for but chooses not to use Indian Health Services;~~
    - ~~iii. The applicant, or the parent or guardian of a minor applicant, understands that eligibility does not create an entitlement; and~~
    - ~~iv. The applicant, or the parent or guardian of a minor applicant, grants permission to the Department to discuss the applicant's application with AHCCCS for purposes of determining AHCCCS eligibility; and~~

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- ~~o. The signature of the applicant or the parent or guardian of a minor applicant and the date of signature;~~
- 2. ~~An application completed by the applicant's primary care provider, on a form provided by the Department, including the following:~~
  - ~~a. The applicant's name;~~
  - ~~b. The primary care provider's name and business address, telephone number, and facsimile number;~~
  - ~~c. A statement that the applicant has been diagnosed with HIV disease or HIV infection;~~
  - ~~d. The dates, results, and laboratory names and addresses for the most recent HIV-related tests conducted for the applicant;~~
  - ~~e. Each drug prescribed by the primary care provider for the applicant;~~
  - ~~f. A statement by the primary care provider that the information presented on the application is accurate and complete; and~~
  - ~~g. The signature of the primary care provider and the date of signature;~~
- 3. ~~An original prescription signed by the primary care provider for each drug indicated as prescribed on the primary care provider's application;~~
- 4. ~~A copy of one of the following:~~
  - ~~a. A letter from AHCCCS stating that an application for eligibility is pending, or~~
  - ~~b. A letter from AHCCCS denying eligibility; and~~
- 5. ~~Proof of annual family income, including the following items, as applicable:~~
  - ~~a. The most recent paycheck stub, or a statement from the employer listing gross wages, from each job;~~
  - ~~b. Business records showing net income from self-employment;~~
  - ~~c. A letter describing any monetary award received by a student to cover non-tuition expenses;~~
  - ~~d. A letter describing each public assistance award; and~~
  - ~~e. Documentation showing the amount and source of any other income.~~

**A.** An applicant for initial enrollment in ADAP or the applicant's representative shall submit to the Department the following documents:

- 1. A Department-provided form, completed by the applicant or the applicant's representative containing:
  - a. The applicant's name, date of birth, and gender;

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- b. Except as provided in subsection (A)(1)(c), the applicant's residential address and mailing address;
- c. If the applicant is in non-permanent housing, the address of a community service organization that has agreed to receive written communications for the applicant;
- d. If applicable, the name of the applicant's representative and the mailing address of the applicant's representative, if different from the applicant's mailing address;
- e. The telephone number of the applicant or a person that has agreed to receive telephone communications for the applicant;
- f. The number of individuals in the applicant's family unit and the names and ages of the individuals;
- g. A list of names of individuals with whom the Department may speak about the applicant's enrollment in ADAP;
- h. The applicant's annual family income;
- i. The applicant's race and ethnicity;
- j. Whether the applicant or an adult in the applicant's family unit:
  - i. Is employed,
  - ii. Is self-employed,
  - iii. Is receiving public assistance,
  - iv. Is receiving regular monetary payments from a source not specified in subsection (A)(1)(j)(i) through subsection (A)(1)(j)(iii) and what the source of the monetary payments is, or
  - v. Is using a source not specified in subsection (A)(1)(j)(i) through subsection (A)(1)(j)(iv) or savings to assist the applicant in obtaining food, water, housing, or clothing for the applicant and what the source is;
- k. Whether the applicant is receiving benefits from AHCCCS;
- l. The applicant's scheduled AHCCCS-eligibility appointment date, if applicable;
- m. Whether the applicant is eligible for Medicare benefits and, if not, the date on which the applicant will be eligible for Medicare benefits;
- n. If the applicant is eligible for Medicare benefits, whether:
  - i. The applicant or the applicant's representative has applied for a low-income subsidy for the applicant and, if so, the date of the application for the low-income subsidy;

- ii. The applicant or the applicant's representative has applied for a Medicare drug plan for the applicant and, if so, the date of the application for the Medicare drug plan; and
    - iii. The applicant is enrolled in a Medicare drug plan;
  - o. Whether the applicant has health insurance other than Medicare that would pay for drugs on the ADAP formulary;
  - p. Whether the applicant has served on active duty:
    - i. In the U.S. Air Force, Army, Coast Guard, Marine Corps, or Navy;
    - ii. In the Army or Air National Guard; or
    - iii. As a reservist serving on active duty other than for routine training purposes;
  - q. A statement by the applicant or the applicant's representative confirming that the applicant or the applicant's representative:
    - i. Understands that the applicant or the applicant's representative is required to submit to the Department proof of ineligibility for enrollment in AHCCCS and for a low-income subsidy within 30 calendar days after the date of application, if not provided to the Department with the application;
    - ii. Understands that the applicant or the applicant's representative is required to submit to the Department proof of enrollment in a Medicare drug plan, if the applicant is eligible for Medicare, within 30 calendar days after the date of application, if not provided to the Department with the application;
    - iii. Grants permission to the Department to discuss the information provided to the Department under subsection (A) with:
      - (1) AHCCCS, for the purpose of determining AHCCCS eligibility;
      - (2) Medicare and the Social Security Administration, for the purpose of determining eligibility for a low-income subsidy and enrollment in a Medicare drug plan;
      - (3) The applicant's primary care provider or designee;
      - (4) The vendor pharmacy, to assist with drug distribution; and
      - (5) Any other entity as necessary to establish eligibility for enrollment in ADAP or assist with drug distribution to the applicant;

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- iv. Understands that the applicant or the applicant's representative is required to submit to the Department proof of annual family income as part of the application; and
  - v. Understands that the applicant or the applicant's representative is required to notify the Department of changes specified in R9-6-406(A);
  - r. A statement by the applicant or the applicant's representative attesting that:
    - i. To the best of the knowledge and belief of the applicant or the applicant's representative, the information provided to the Department as specified in subsection (A), including the information in the documents accompanying the form specified in subsection (A)(1), is accurate and complete;
    - ii. The applicant meets the eligibility criteria specified in R9-6-403; and
    - iii. The applicant or applicant's representative understands that eligibility does not guarantee that the Department will be able to provide drugs and understands that an individual's enrollment in ADAP may be terminated as specified in R9-6-408; and
  - s. The dated signature of the applicant or the applicant's representative;
- 2. The Department-provided form specified in subsection (B), completed by the applicant's primary care provider;
- 3. A written prescription order signed by the applicant's primary care provider or a copy of the written prescription order for each drug on the list specified in subsection (B)(5);
- 4. A copy of current documentation from AHCCCS stating that the applicant's eligibility for enrollment in AHCCCS has not yet been determined or that AHCCCS is denying eligibility to the applicant;
- 5. If the applicant is eligible for Medicare, a copy of current documentation from the Social Security Administration stating that the applicant's eligibility for a low-income subsidy has not yet been determined or that the applicant is ineligible for a full low-income subsidy;
- 6. If the applicant is eligible for Medicare, a copy of the applicant's Medicare prescription card or copy of a letter from the company providing the applicant's Medicare drug plan, confirming that the applicant has applied for or is enrolled in a Medicare drug plan;
- 7. Proof of annual family income, including the following items as applicable to the applicant's family unit:
  - a. For each job held by an adult in the family unit:

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- i. Paycheck stubs from the 30 calendar days before the date of application, or
    - ii. A statement from the employer listing gross wages for the 30 calendar days before the date of application;
  - b. From each self-employed adult in the family unit, documentation of the current net income from self-employment, such as:
    - i. An income tax return submitted for the previous tax year to the U.S. Internal Revenue Service or the Arizona Department of Revenue;
    - ii. The Internal Revenue Service Forms 1099 prepared for the previous tax year for the self-employed adult in the family unit;
    - iii. A profit and loss statement for the self-employed adult's business; or
    - iv. Bank statements from the self-employed adult's checking and savings accounts;
  - c. A letter from each entity providing public assistance to an adult in the family unit, describing payments from public assistance;
  - d. A letter from an entity providing a monetary award to cover educational expenses other than tuition to an adult in the family unit, describing the monetary award; and
  - e. Documentation showing the amount and source of any regular monetary payments received by an adult in the family unit from sources other than those specified in subsection (A)(7)(a) through subsection (A)(7)(d);
- 8. If the applicant or the applicant's representative has stated on the form specified in subsection (A)(1) that the applicant has no source of regular monetary payments and is unable to provide any of the documentation specified in subsection (A)(7), a Department-provided form containing:
  - a. Information completed by the applicant or the applicant's representative stating whether:
    - i. An adult in the applicant's family unit receives money from intermittent work performed by the adult in the family unit for which no paycheck stub is received, and the average monthly earnings;
    - ii. The applicant is homeless and living in a shelter;
    - iii. The applicant is receiving assistance from another individual; and
    - iv. The applicant has another source of assistance for obtaining food, water, housing, and clothing, and, if so, an identification of the source;

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- b. A statement by the applicant or the applicant's representative attesting that to the best of the knowledge and belief of the applicant or the applicant's representative, the information submitted as specified in subsection (A)(8)(a) is accurate and complete;
  - c. The dated signature of the applicant or the applicant's representative;
  - d. A statement by the applicant's case manager or primary care provider attesting that to the best of the knowledge and belief of the applicant's case manager or primary care provider the information submitted as specified in subsection (A)(8)(a) is accurate and complete; and
  - e. The dated signature of the applicant's case manager or primary care provider;
9. Proof that the applicant is a resident of Arizona that includes:
- a. One of the following that shows the Arizona residential address included on the Department-provided form specified in subsection (A)(1) and the name of the applicant or an adult in the applicant's family unit:
    - i. Documentation issued by a governmental entity related to participation in public assistance, dated within 60 calendar days before the date of application;
    - ii. Current documentation from AHCCCS related to the applicant's eligibility for enrollment in AHCCCS;
    - iii. Current documentation from the Social Security Administration or the Department of Veterans Affairs related to the applicant's eligibility for benefits;
    - iv. Current documentation from the Arizona Department of Economic Security related to the applicant's eligibility for unemployment insurance benefits;
    - v. A property tax statement for the most recent tax year issued by a governmental entity;
    - vi. A homeowners' association assessment or fee statement, dated within 60 calendar days before the date of application;
    - vii. A current lease agreement; or
    - viii. A mortgage statement for the most recent tax year;
  - b. If the applicant is unable to produce documentation that satisfies subsection (A)(9)(a), two of the following that show the Arizona residential address



included on the Department-provided form specified in subsection (A)(1) and the name of the applicant or an adult in the applicant's family unit:

- i. A utility bill dated within 60 calendar days before the date of application;
- ii. A tax statement, other than a property tax statement, issued by a governmental entity for the most recent tax year;
- iii. An Internal Revenue Service Form W-2 for the most recent tax year;
- iv. A check stub or statement of direct deposit issued by an employer for the most recent pay period;
- v. A bank or credit union statement dated within 60 calendar days before the date of application;
- vi. A non-expired Arizona driver license issued by the Arizona Department of Transportation's Motor Vehicle Division;
- vii. A non-expired Arizona vehicle registration issued by the Arizona Department of Transportation's Motor Vehicle Division;
- viii. A non-expired Arizona identification card issued by the Arizona Department of Transportation's Motor Vehicle Division;
- ix. A tribal enrollment card or other type of tribal identification; or
- x. A current immigration identification card issued by U.S. Citizenship and Immigration Services; or

c. If the applicant is unable to produce documentation that satisfies either subsection (A)(9)(a) or (b), two of the following that include the name of the applicant or an adult in the applicant's family unit:

- i. A document listed in subsection (A)(9)(b)(i) through subsection (A)(9)(b)(x) that shows the Arizona residential address included on the Department-provided form specified in subsection (A)(1);
- ii. A letter issued by an entity providing non-permanent housing to the applicant, including the Arizona residential address of the non-permanent housing that is the same as the Arizona residential address for the applicant included on the Department-provided form specified in subsection (A)(1);
- iii. A written statement issued by a community service organization, verifying that the applicant is homeless and a resident of Arizona;
- iv. A department store, primary care provider's office, insurance company, or mobile telephone company billing statement dated within 60 calendar

days before the date of application, including the Arizona residential address included on the Department-provided form specified in subsection (A)(1);

- v. A current vehicle insurance card, including the Arizona residential address included on the Department-provided form specified in subsection (A)(1);
- vi. An official document, such as an Arizona voter registration card, issued by a governmental entity and including the Arizona residential address included on the Department-provided form specified in subsection (A)(1);
- vii. A written statement issued by the applicant's case manager indicating that the case manager has conducted a home visit with the applicant at the Arizona residential address included on the Department-provided form specified in subsection (A)(1) within 30 calendar days before the date of application; or
- viii. A written statement issued by the applicant's primary care provider, verifying that the applicant is a resident of Arizona; and

10. If the applicant or the applicant's representative has stated on the Department-provided form specified in subsection (A)(8) that the applicant receives assistance from another individual, a letter from the individual to support the statement of the applicant or the applicant's representative.

**B.** The primary care provider of an applicant for initial enrollment in ADAP shall complete for the applicant a Department-provided form containing:

- 1. The applicant's name;
- 2. The primary care provider's name, business address, telephone number, fax number, and professional license number;
- 3. A statement that the applicant has been diagnosed with HIV infection;
- 4. The dates of and results for the most recent confirmatory test, CD4-T-lymphocyte count, and, if available, viral load test conducted for the applicant;
- 5. A list of each drug from the current ADAP formulary prescribed for the applicant by the primary care provider;
- 6. A statement by the primary care provider that the primary care provider understands that the primary care provider is required to notify the Department of changes specified in R9-6-406(B);

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7. A statement by the primary care provider attesting that, to the best of the primary care provider's knowledge and belief, the information provided to the Department as specified in subsection (B) is accurate and complete; and
8. The dated signature of the primary care provider.
- C.** For purposes of enrollment in ADAP, an applicant or the applicant's representative may report annual family income using actual family income for the most recent 12 months or estimated annual family income determined by multiplying the most recent monthly family income by 12.

### **R9-6-405. Enrollment Process; Provisional Enrollment**

- ~~**A.** The Department shall review each completed application received and determine enrollment based on applicant eligibility, the date on which the application is completed, and the availability of funds.~~
- ~~**B.** An applicant shall execute any consent forms or releases of information necessary for the Department to verify eligibility.~~
- ~~**C.** The time frames for approving or denying an application are described in R9-6-408.~~
- A.** The Department shall:
1. Review the documents submitted by an applicant as required in R9-6-404(A);
  2. Determine whether the applicant is eligible under R9-6-403;
  3. Grant or deny enrollment based on applicant eligibility, the date of application, and the availability of funds; and
  4. Notify the applicant or the applicant's representative of the Department's decision within five business days after receiving the documents specified in R9-6-404(A).
- B.** An applicant or the applicant's representative shall execute any consent forms or releases of information necessary for the Department to verify eligibility.
- C.** The Department shall send an applicant or the applicant's representative a written notice of denial, setting forth the information required under A.R.S. § 41-1092.03, if:
1. The applicant or the applicant's representative fails to provide documentation establishing eligibility for enrollment in ADAP,
  2. The documentation submitted to the Department under R9-6-404 is found to contain false information, or
  3. The Department does not have funds available to enroll the applicant in ADAP.
- D.** The Department shall grant a 30-day provisional enrollment in ADAP to an applicant if:
1. The Department determines that the applicant meets the requirements of R9-6-403(1) through (4); and

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2. The applicant or the applicant's representative attests that the applicant has applied for AHCCCS enrollment and, if eligible for Medicare, a low-income subsidy and a Medicare drug plan, but is unable to provide documentation that complies with R9-6-403(5) or (6) or both.
- E. The Department shall provide an applicant to whom the Department has granted provisional enrollment in ADAP with the drugs on the list specified in R9-6-404(B)(5) during the provisional enrollment period.
- F. Except as specified in subsection (H), to continue ADAP enrollment beyond the 30-day provisional enrollment period, an applicant or the applicant's representative shall provide to the Department, before the end of the 30-day provisional enrollment period, documentation that complies with R9-6-403(5) and, if applicable, R9-6-403(6).
- G. Except as specified in subsection (H), if an applicant with provisional enrollment or the applicant's representative fails to provide documentation as required in subsection (F) to the Department before end of the 30-day provisional enrollment period, the Department shall send the applicant or the applicant's representative a written notice of denial, setting forth the information required under A.R.S. § 41-1092.03.
- H. The Department may grant an extension of provisional enrollment to an applicant beyond the 30-day provisional enrollment period, if the applicant or the applicant's representative provides documentation to the Department that the applicant has applied for AHCCCS enrollment and, if eligible for Medicare, a low-income subsidy and Medicare drug plan and:
  1. AHCCCS has not yet determined whether the applicant is eligible for AHCCCS enrollment; or
  2. If the applicant is eligible for Medicare:
    - a. The Social Security Administration has not yet determined whether the applicant is eligible for a low-income subsidy, or
    - b. The applicant may not enroll in a Medicare drug plan until the next general enrollment period.

### **R9-6-406. Notification Requirements**

- A. An enrolled individual or the enrolled individual's representative shall notify the Department in writing or by telephone within 30 calendar days after any of the following occurs:
  1. The residential or mailing address or the telephone number of the enrolled individual changes from that provided to the Department under R9-6-404(A)(1) or R9-6-407;
  2. The enrolled individual changes an individual in the list specified in R9-6-404(A)(1)(g) with whom the Department may speak about the enrolled individual's ADAP enrollment;

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3. The enrolled individual begins receiving treatment for HIV infection from a primary care provider different from the primary care provider who completed:
      - a. The form specified in R9-6-404(B); or
      - b. The most recent form specified in R9-6-407(D);
    4. The enrolled individual has:
      - a. Been determined eligible for and enrolled to receive drug coverage through AHCCCS;
      - b. Received notification of drug coverage from a third-party payor other than AHCCCS, the Indian Health Service, or the Veterans Health Administration; or
      - c. Been determined eligible for a low-income subsidy;
    5. The enrolled individual's annual family income has:
      - a. Increased to an amount above 300% of the poverty level; or
      - b. Decreased to an amount that may make the enrolled individual eligible for enrollment in AHCCCS; or
    6. The enrolled individual establishes residency outside Arizona.
  - B.** An enrolled individual's primary care provider shall:
    1. Notify the Department in writing or by telephone:
      - a. That the enrolled individual has died, within 14 calendar days after the primary care provider learns of the death; and
      - b. That the enrolled individual is receiving treatment for HIV infection from a different primary care provider, within 14 calendar days after the primary care provider learns of the change in primary care provider, and
    2. Include in the notification:
      - a. The name and date of birth of the enrolled individual;
      - b. If notifying under subsection (B)(1)(a), the date of death; and
      - c. If notifying under subsection (B)(1)(b), the name, business address, and telephone number of the new primary care provider.
  - C.** An enrolled individual's primary care provider shall notify the vendor pharmacy, as specified in R9-6-409(A):
    1. When prescribing a new drug for the enrolled individual, or
    2. Within 7 calendar days after discontinuing a drug that was contained in the list completed by the enrolled individual's primary care provider under R9-6-404(B) or R9-6-407(D).
  - D.** An enrolled individual's case manager shall notify the Department in writing or by telephone within 30 calendar days after the case manager learns that:

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1. The residential or mailing address or the telephone number of the enrolled individual has changed from that provided to the Department under R9-6-404(A)(1) or R9-6-407;
2. The enrolled individual has begun receiving treatment for HIV infection from a primary care provider who is different from the primary care provider who completed:
  - a. The form specified in R9-6-404(B); or
  - b. The most recent form specified in R9-6-407(D);
3. The enrolled individual has:
  - a. Been determined eligible for and enrolled to receive drug coverage through AHCCCS;
  - b. Received notification of drug coverage from a third-party payor other than AHCCCS, the Indian Health Service, or the Veterans Health Administration; or
  - c. Been determined eligible for a low-income subsidy;
4. The enrolled individual's annual family income has:
  - a. Increased to an amount above 300% of the poverty level; or
  - b. Decreased to an amount that may make the enrolled individual eligible for enrollment in AHCCCS;
5. The enrolled individual has established residency outside Arizona; or
6. The enrolled individual has died.

### **~~R9-6-406.~~ R9-6-407. Continuing Enrollment**

- A.** ~~The Department shall review eligibility every six months after enrollment unless one of the following events occurs within the six month period to end eligibility:~~
- ~~1. The enrolled individual dies;~~
  - ~~2. The enrolled individual stops using the drug or drugs on the advice of a primary care provider;~~
  - ~~3. The enrolled individual is determined eligible and enrolled to receive medical services through AHCCCS or another third party payor other than Indian Health Services;~~
  - ~~4. The enrolled individual's annual family income increases to an amount above 300% of the poverty level; or~~
  - ~~5. The enrolled individual establishes residency outside Arizona~~
- B.** ~~The enrolled individual or the enrolled individual's primary care provider shall notify the Department within 30 days after any of the events listed in subsection (A) occurs.~~
- C.** ~~Before the expiration of each six month period, the Department shall send each enrolled individual a letter requesting that the enrolled individual submit proof of annual family income and complete and submit a follow up application form provided by the Department.~~

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1. ~~The enrolled individual shall submit to the Department proof of annual family income as described in R9-6-404(5) and a completed follow-up application form within 30 days after the date of the letter.~~
2. ~~The completed follow-up application form shall contain the following:~~
  - a. ~~The enrolled individual's name, address, and telephone number;~~
  - b. ~~The enrolled individual's race and ethnicity, date of birth, sex, and social security number;~~
  - c. ~~The enrolled individual's residency;~~
  - d. ~~The number of individuals in the enrolled individual's family unit;~~
  - e. ~~The enrolled individual's employment status;~~
  - f. ~~The enrolled individual's annual family income;~~
  - g. ~~Whether the enrolled individual is receiving benefits from SSI or AHCCCS;~~
  - h. ~~Whether the enrolled individual is eligible to receive benefits from the Veterans' Administration;~~
  - i. ~~Whether the enrolled individual has health insurance that would pay for drugs and, if so, to what extent;~~
  - j. ~~The status of any application made to AHCCCS since the individual's enrollment in ADAP;~~
  - k. ~~A statement by the enrolled individual or the parent or guardian of an enrolled minor individual that:~~
    - i. ~~The information on the form is accurate and complete;~~
    - ii. ~~The enrolled individual does not have health insurance coverage for the requested drugs or is an American Indian or Alaska Native who is eligible for but chooses not to use Indian Health Services;~~
    - iii. ~~The enrolled individual, or the parent or guardian of an enrolled minor individual, understands that eligibility does not create an entitlement; and~~
    - iv. ~~The enrolled individual, or the parent or guardian of an enrolled minor individual, grants permission to the Department to discuss the enrolled individual's follow-up application with AHCCCS for purposes of determining AHCCCS eligibility;~~
  - l. ~~The signature of the enrolled individual or the parent or guardian of an enrolled minor individual and the date of signature; and~~

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- m. ~~After every 24 months of continuous enrollment, a portion of the follow-up application completed by the enrolled individual's primary care provider including the following:~~
  - i. ~~The primary care provider's name and business address, telephone number, and facsimile number;~~
  - ii. ~~A statement by the primary care provider that treatment with the drug or drugs is still appropriate;~~
  - iii. ~~The results and dates of the most recent HIV-related tests for the enrolled individual, if available;~~
  - iv. ~~A statement by the primary care provider that the information presented on the application is accurate and complete; and~~
  - v. ~~The signature of the primary care provider and the date of signature.~~

**~~D.~~** ~~The Department shall determine continuing enrollment based on the enrolled individual's eligibility and the availability of funds.~~

**~~E.~~** ~~The time frames for approving or denying continuing enrollment are described in R9-6-408.~~

**A.** To continue enrollment in ADAP, an enrolled individual or the enrolled individual's representative shall:

1. When the enrolled individual's residential or mailing address changes, comply with subsection (B);
2. When the enrolled individual's primary care provider changes, comply with subsection (C);
3. When the enrolled individual's annual family income decreases to an amount that may make the individual eligible for enrollment in AHCCCS, comply with subsection (E);
4. When the enrolled individual becomes eligible for Medicare, comply with subsection (F);
5. Before the expiration of each six-month period after an individual's initial enrollment, comply with subsection (G); and
6. Before the expiration of each 24-month period after an individual's initial enrollment, comply with subsection (H).

**B.** When an enrolled individual's residential or mailing address changes, the enrolled individual or the enrolled individual's representative shall:

1. Complete a Department-provided form containing for the enrolled individual the information specified in R9-6-404(A)(1)(a) through R9-6-404(A)(1)(h) and R9-6-404(A)(1)(j), (k), (m), (n), and (o);
2. Attest on the form specified in subsection (B)(1) that:



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- a. To the best of the knowledge and belief of the enrolled individual or the enrolled individual's representative, the information submitted in the form and the documents submitted with the form are accurate and complete;
    - b. The enrolled individual meets the eligibility criteria specified in R9-6-403; and
    - c. The enrolled individual or the enrolled individual's representative understands that eligibility does not guarantee that the Department will be able to provide drugs and that an individual's enrollment in ADAP may be terminated as specified in R9-6-408;
  3. Grant permission on the form specified in subsection (B)(1) for the Department to discuss the enrolled individual's enrollment with:
    - a. AHCCCS, for the purpose of determining AHCCCS eligibility;
    - b. Medicare and the Social Security Administration, for the purpose of determining eligibility for a low-income subsidy and enrollment in a Medicare drug plan;
    - c. The applicant's primary care provider or designee;
    - d. The vendor pharmacy, to assist with drug distribution; and
    - e. Any other entity as necessary to establish eligibility for enrollment in ADAP or assist with drug distribution;
  4. Sign and date the form specified in subsection (B)(1); and
  5. Submit to the Department within 30 calendar days of the change:
    - a. The form specified in subsection (B)(1); and
    - b. Proof of Arizona residency, as specified in R9-6-404(A)(9), showing the new Arizona residential address included on the form specified in subsection (B)(1).
- C. When an enrolled individual's primary care provider changes, the enrolled individual or the enrolled individual's representative shall:
  1. Comply with subsections (B)(1) through (4);
  2. Obtain from the new primary care provider the Department-provided form specified in subsection (D), completed by the new primary care provider; and
  3. Submit the form specified in subsection (B)(1) and the form specified in subsection (C)(2) to the Department within 30 calendar days after the change.
- D. The primary care provider of an enrolled individual shall complete for the enrolled individual a Department-provided form containing:
  1. The information required under R9-6-404(B)(1), (2), and (5) through (8); and
  2. The dates of and results for the most recent CD4-T-lymphocyte count and, if available, viral load test conducted for the enrolled individual.

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- E.** When an enrolled individual's annual family income decreases to an amount that may make the individual eligible for enrollment in AHCCCS, the enrolled individual or the enrolled individual's representative shall:
1. Apply for enrollment in AHCCCS within 30 calendar days after the change in annual family income; and
  2. Submit to the Department within 30 calendar days after the change, documentation that complies with R9-6-403(5).
- F.** When an enrolled individual becomes eligible for Medicare, the enrolled individual or the enrolled individual's representative shall, within 30 calendar days after the enrolled individual becomes eligible for Medicare:
1. Apply for a low-income subsidy and for a Medicare drug plan; and
  2. Submit to the Department documentation that complies with R9-6-403(6).
- G.** Before the expiration of each six-month period after an individual's initial enrollment, the enrolled individual or the enrolled individual's representative shall submit to the Department:
1. Current proof of annual family income, as specified in R9-6-404(A)(7) or (8), and
  2. Current proof that the enrolled individual is a resident of Arizona, as specified in R9-6-404(A)(9).
- H.** Before the expiration of each 24-month period after an individual's initial enrollment, the enrolled individual or the enrolled individual's representative shall:
1. Comply with subsections (B)(1) through (4);
  2. Obtain from the enrolled individual's primary care provider the Department-provided form completed as specified in subsection (D); and
  3. Submit to the Department:
    - a. The form specified in subsection (H)(1).
    - b. The form specified in subsection (H)(2).
    - c. Proof of annual family income, as specified in R9-6-404(A)(7) or (8), and
    - d. Proof that the enrolled individual is a resident of Arizona, as specified in R9-6-404(A)(9).
- I.** The Department shall:
1. Review information about an enrolled individual and determine eligibility for continuing enrollment for the enrolled individual:
    - a. Every six months after the individual's initial enrollment;
    - b. When the Department receives information from the enrolled individual or the enrolled individual's representative under subsection (A); or

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- c. When the Department no longer has sufficient funds to provide continuing enrollment to all enrolled individuals;
    - 2. Grant continuing enrollment to an enrolled individual, subject to the availability of funds, when:
      - a. The enrolled individual or the enrolled individual's representative complies with subsection (A); and
      - b. The Department determines that:
        - i. The information in the documents submitted to the Department is accurate and complete, and
        - ii. The enrolled individual is eligible under R9-6-403; and
    - 3. Notify the enrolled individual or the enrolled individual's representative of the Department's decision within five business days after receipt of the documents required in subsection (A).
  - J. If the Department denies continuing enrollment to an enrolled individual, the Department shall send to the enrolled individual or the enrolled individual's representative a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.

### **R9-6-408. Time-frames Termination from ADAP**

- ~~A. The overall time frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Article is provided in Table 1. The applicant or enrolled individual and the Department may agree in writing to extend the substantive review time frame and the overall time frame. An extension of the substantive review time frame and the overall time frame may not exceed 25% of the overall time frame.~~
- ~~B. The administrative completeness review time frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Article is provided in Table 1 and begins on the date that the Department receives an application.~~
  - ~~1. The Department shall send a notice of administrative completeness or deficiencies to the applicant or enrolled individual within the administrative completeness review time frame.~~
    - ~~a. A notice of deficiencies shall list each deficiency and the information and documentation needed to complete the application.~~
    - ~~b. If the Department issues a notice of deficiencies within the administrative completeness review time frame, the administrative completeness review time frame and the overall time frame are suspended from the date that the notice is~~

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- ~~issued until the date that the Department receives the missing information from the applicant or enrolled individual.~~
- ~~c. If the applicant or enrolled individual fails to submit to the Department all of the information and documents listed in the notice of deficiencies within 30 days from the date that the Department sent the notice of deficiencies, the Department shall consider the application or follow-up application withdrawn.~~
- ~~2. If the Department issues an approval to the applicant or enrolled individual during the administrative completeness review time frame, the Department shall not issue a separate written notice of administrative completeness.~~
- C.** The substantive review time frame described in A.R.S. § 41-1072 for each type of approval granted by the Department under this Article is provided in Table 1 and begins as of the date on the notice of administrative completeness.
- ~~1. The Department shall send written notification of approval or denial of enrollment or continuing enrollment to the applicant or enrolled individual within the substantive review time frame.~~
- ~~2. During the substantive review time frame, the Department may make one comprehensive written request for additional information, unless the Department and the applicant or enrolled individual have agreed in writing to allow the Department to submit supplemental requests for information.~~
- ~~3. If the Department issues a comprehensive written request or a supplemental request for information, the substantive review time frame and the overall time frame are suspended from the date that the Department issues the request until the date that the Department receives all of the information requested.~~
- ~~4. The Department shall issue an approval of enrollment or continuing enrollment unless:~~
- ~~a. The Department determines that the applicant or enrolled individual is ineligible,~~
- ~~b. The Department does not have funds available to enroll the applicant in or to continue the enrolled individual's enrollment in ADAP,~~
- ~~c. The Department determines that the applicant or enrolled individual submitted false or inaccurate information to the Department,~~
- ~~d. The Department determines that the applicant or enrolled individual failed to submit to the Department all of the information requested in a comprehensive or supplemental written request for information within 30 days after the request, or~~

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- e. ~~The Department determines that the enrolled individual failed to submit to the Department proof of annual family income or a completed follow-up application as requested in the letter described in R9-6-406.~~
- D.** The Department shall send a written notice of appealable agency action that complies with A.R.S. Title 41, Chapter 6, Article 10 to each applicant or enrolled individual who is denied enrollment or continuing enrollment. The applicant or enrolled individual may file a notice of appeal with the Department within 30 days after receiving the notice of appealable agency action. The appeal shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 10.
- E.** For the purpose of computing time frames in this Section, the day of the act, event, or default from which the designated period of time begins to run is not included. Intermediate Saturdays, Sundays, and legal holidays are included in the computation. The last day of the period so computed is included unless it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day that is not a Saturday, a Sunday, or a legal holiday.

**Table 1. Time-frames (in days)**

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Review Time-frame	Substantive Review Time-frame
Application for ADAP Enrollment	A.R.S. § 36-136	52	10	42
Follow-up Application for ADAP Continuing Enrollment	A.R.S. § 36-136	30	10	20

- A.** The Department may terminate an individual's enrollment in ADAP if:
1. The Department learns that information submitted under R9-6-404(A) or (C), R9-6-407(A), or R9-6-409(E) to the Department by the individual or the individual's representative is inaccurate or incomplete;
  2. The vendor pharmacy does not receive a request from the individual or the individual's representative for any refill of a drug for a period of 90 calendar days; or
  3. The individual or the individual's representative exhibits violent or threatening behavior to an employee of the Department or the vendor pharmacy, as established by documentation such as a police report or a written document from the individual.

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- B.** If the Department terminates an individual's enrollment in ADAP, the Department shall send to the individual or the individual's representative a written notice of termination setting forth the information required under A.R.S. § 41-1092.03.

### **R9-6-407. R9-6-409. Drug Prescription and Distribution Requirements**

- A.** ~~The primary care provider shall write each drug prescription for an applicant or enrolled individual for the quantity of the drug packaged in the original container by the manufacturer.~~
- B.** ~~The Department shall purchase a prescribed drug and provide the drug to the enrolled individual's pharmacy in a quantity sufficient to meet the therapeutic regimen prescribed by the enrolled individual's primary care provider.~~
- C.** ~~The Department shall provide a drug in original, unopened containers as packaged by the manufacturer.~~
- D.** ~~If an enrolled individual changes primary care providers, the original primary care provider shall notify the Department in writing within seven days after the change. The original primary care provider shall provide the following information in the written notice:~~
- ~~1. The name and address of the enrolled individual;~~
  - ~~2. The name and business address and telephone number of the new primary care provider; and~~
  - ~~3. A release signed by the enrolled individual authorizing the Department to contact and exchange information with the new primary care provider.~~
- E.** ~~Failure to comply with subsection (D) may cause an interruption in or termination of support.~~

#### **A.** A primary care provider shall:

- 1.** Issue a prescription order:
  - a.** For each drug from the ADAP formulary prescribed for an applicant or enrolled individual by the primary care provider;
  - b.** For dispensing up to a 30-day supply of the drug; and
  - c.** To authorize no more than a six-month supply of the drug, including the original prescription order and all refills;
- 2.** Submit:
  - a.** A written prescription order or copy of a written prescription order to the Department as specified in R9-6-404(A)(3); and
  - b.** A written or oral prescription order to the vendor pharmacy when:
    - i.** Prescribing a drug for a newly enrolled individual,
    - ii.** Prescribing a new drug for an enrolled individual, or

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- iii. Authorizing an additional six-month supply of a drug for an enrolled individual; and
3. Notify the vendor pharmacy when discontinuing a drug for an enrolled individual.
- B.** The Department shall forward a written prescription order submitted to the Department as specified in subsection (A)(2)(a) to the vendor pharmacy within three business days of approving an individual for initial enrollment.
- C.** The vendor pharmacy shall:
1. Maintain a supply of the drugs on the ADAP formulary available for dispensing;
2. Receive prescription orders issued by an enrolled individual's primary care provider;
3. Before dispensing drugs, verify:
- a. With an enrolled individual or the enrolled individual's representative the address to which the enrolled individual or the enrolled individual's representative wants the drugs delivered, and
- b. An individual's enrollment status;
4. Dispense up to a 30-day supply of a drug to an enrolled individual:
- a. Upon receipt of a:
- i. Prescription order as specified in subsection (C)(2), or
- ii. Request from the enrolled individual or the enrolled individual's representative for a refill of a drug;
- b. To the address identified, as specified in subsection (C)(3)(a); and
- c. So the drug is dispensed to the enrolled individual no later than three business days after the vendor pharmacy:
- i. Receives a prescription order or request for refill, as specified in subsection (C)(4)(a);
- ii. Has verified the address to which the drug is to be delivered, as specified in subsection (C)(3)(a); and
- iii. Has verified the individual's enrollment status, as specified in subsection (C)(3)(b); and
5. Notify the Department upon receiving a request for dispensing a drug for an individual who is not enrolled or provisionally enrolled in ADAP.
- D.** The Department may authorize replacement of a drug when:
1. The drug has been dispensed by the vendor pharmacy to an enrolled individual, and
2. The enrolled individual or the enrolled individual's representative claims the dispensed drug was lost, stolen, or damaged.

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- E. The primary care provider of an enrolled individual may request approval of a restricted drug for the enrolled individual by:
1. Completing a Department-provided, drug-specific form that contains the following information:
    - a. The name, business address, and telephone number of the primary care provider;
    - b. The date of the request;
    - c. The enrolled individual's name and date of birth;
    - d. The indications for the use of the restricted drug;
    - e. The most recent results of laboratory analyses to support the request and the dates of the laboratory analyses;
    - f. A justification for use of the restricted drug by the enrolled individual;
    - g. An attestation by the primary care provider that:
      - i. To the best of the primary care provider's knowledge and belief, the information presented in the request is accurate and complete; and
      - ii. The primary care provider understands that the primary care provider is required to provide instructions to the enrolled individual regarding the use of the restricted drug and monitor the enrolled individual's use of the restricted drug;
    - h. The dated signature of the primary care provider;
    - i. An attestation by the enrolled individual or the enrolled individual's representative that the enrolled individual or the enrolled individual's representative understands that the enrolled individual is required to:
      - i. Follow the instructions of the enrolled individual's primary care provider regarding the use of the restricted drug; and
      - ii. Have additional laboratory analyses performed to support continuing use of the restricted drug; and
    - j. The dated signature of the enrolled individual or the enrolled individual's representative;
  2. Issuing a written or oral prescription order for the restricted drug to the vendor pharmacy; and
  3. Submitting to the Department:
    - a. The completed drug-specific form specified in subsection (E)(1), and
    - b. Copies of the results of the most recent laboratory analyses to support the request for the restricted drug.



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- F.** If the restricted drug requested under subsection (E) is approved by the Department for an enrolled individual, the enrolled individual's primary care provider shall:
1. Provide instructions to the enrolled individual regarding the use of the restricted drug;  
and
  2. Monitor the enrolled individual's use of and clinical response to the restricted drug.
- G.** When the Department receives a drug-specific form requesting a restricted drug for an enrolled individual, the Department shall:
1. Review the documents submitted according to subsection (E)(3);
  2. Determine whether the information submitted to the Department:
    - a. Is complete; and
    - b. Substantiates that the enrolled individual's use of the restricted drug is indicated;  
and
  3. Notify the following of the Department's decision within five business days after receiving the request:
    - a. The enrolled individual or the enrolled individual's representative;
    - b. The enrolled individual's primary care provider; and
    - c. The vendor pharmacy.
- H.** If the Department denies a request for a restricted drug for an enrolled individual, the Department shall send to the enrolled individual or the enrolled individual's representative a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.
- I.** The Department shall only authorize the distribution of drugs that are included on the ADAP formulary.

### **R9-6-409. R9-6-410. Confidentiality**

~~The Department considers ADAP application materials and all information received or maintained by the Department in connection with ADAP application and subsequent actions to be confidential medical information, as defined in 9 A.A.C. 1, Article 3. The Department shall comply with 9 A.A.C. 1, Article 3 with regard to disclosing these materials and this information.~~ The Department shall comply with all applicable federal and state laws relating to confidentiality of information.